

**Contracting authority**

|                             |                             |               |       |
|-----------------------------|-----------------------------|---------------|-------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Ms |               |       |
| Last name                   | _____                       | First name    | _____ |
| Street                      | _____                       | No.           | _____ |
| Postcode                    | _____                       | Location      | _____ |
| Country                     | _____                       | Date of birth | _____ |

**E-Trading number** \_\_\_\_\_

**Transfer order**

|                                                                     |                                                                                       |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Please transfer the entire custody account | <input type="checkbox"/> I instruct PostFinance to close the above-referenced account |
| <input type="checkbox"/> Please transfer the following securities   |                                                                                       |

**Transfer to e-trading number** \_\_\_\_\_

E-Trading owner \_\_\_\_\_

| Title | Security- / ISIN number | Par value / units | Acquisition price (optional) |
|-------|-------------------------|-------------------|------------------------------|
| _____ | _____                   | _____             | _____                        |
| _____ | _____                   | _____             | _____                        |
| _____ | _____                   | _____             | _____                        |
| _____ | _____                   | _____             | _____                        |
| _____ | _____                   | _____             | _____                        |
| _____ | _____                   | _____             | _____                        |
| _____ | _____                   | _____             | _____                        |
| _____ | _____                   | _____             | _____                        |

Location \_\_\_\_\_

Date \_\_\_\_\_

 \_\_\_\_\_

Contracting authority signature \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

**Please send the form to:**  
PostFinance Ltd, Scan Center, 3002 Bern

